

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 571 082

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4			1			
5				1		
6						
7				1		
8						
9				1		
10			1			
11						
12				1		
13						
14				1		
15						
16				1		
17						
18				1		
19						
20				1		
21						
22				1		
23						
24				1		
25						
26				1		
27						
28				1		
29						
30				1		
31						
32				1		
33						
34				1		
35						
36				1		
37						
38				1		
39						
40				1		
41						
42				1		
43						
44				1		
45						
46				1		
47						
48				1		
49						
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53				1		
54						
55				1		
56						
57				1		
58						
59				1		
60						
61				1		
62						
63				1		
64						
65				1		
66						
67				1		
68						
69				1		
70						
71				1		
72						
73				1		
74						
75				1		
76						
77				1		
78						
79				1		
80						
81				1		
82						
83				1		
84						
85				1		
86						
87				1		
88						
89				1		
90						
91				1		
92						
93				1		
94						
95				1		
96						
97				1		
98						
99				1		
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	68	←		←
TOTAL CLAIMS			72			